

DALO Travel Limited

DALO

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

DALO provides respite and holidays to young people with learning disabilities in a supported living environment. The respite service is provided at two properties in Hertfordshire that are owned and maintained by the provider. The service forms part of DALO Travel Limited who provide day opportunities and transport to support young people who are vulnerable to continue to develop their independent living skills after compulsory education. At the time of our inspection there were 29 people using the service.

People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us staff were able to meet their needs and were respectful of their individual preferences.
People told us staff who supported them were kind and caring.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 31 May 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in three supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 5 November 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager and three support workers. We looked at three care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit we spoke to seven people who use the service and nine relatives to gain feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with, told us they felt safe using the service, Comments included "The care is really good and I'm safe whatever I do with them." And "I have no worries about safety, every part of it is well thought out and monitored."

- The service had systems in place to protect people from abuse and avoidable harm. Staff understood the safeguarding policy and knew what to do and to whom to report if they had any concerns about people's safety.

- A member of staff told us "If we see anything unusual a mark or anything we report it straight away and put it on a body map."

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised.

Assessing risk, safety monitoring and management

Risk assessments were developed that maximised people's independence and ability to remain in control of their life.

- Risks assessments also included a behaviour support plan which identified risks and triggers for people using the service.

- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.

- Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention

- Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service.

- People and their relatives told us they knew the staff well and had built good working relationships with them.

Using medicines safely

- The registered manager told us that people's medicines were acquired and disposed of by relatives

- All staff had completed medicines training and their competencies had been checked to ensure they had the knowledge and skills to support people safely. Staff told us they felt confident to support people with their medicines.

- Where people were supported with their medicines, a medicines administration record (MAR) was

completed accordingly. We checked a sample of these and found them to be accurate.

- Health professionals reviewed people's medicines regularly to ensure they were effective for their recovery.
- Medicines safety was audited on a regular basis and any rare errors were quickly corrected.
- A relative told us "This is very good. It's reassuring to know they know what they are doing. I've never had any problems. They risk assessments around the medication are very good and they ask me at every visit how this is and if there have been any changes."

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences and care needs had been recorded in detail and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- A relative told us "Our culture is respected because they think about our celebrations and we plan visits around them. Some services don't offer flexibility. "
- The manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- Staff received specific training about autism and de-escalation techniques autism and about communication such as Makaton and British Sign language.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. They told us that they had regular supervisions and felt free to discuss any issues of concern.

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to get involved in prepare their own meals.
- Staff told us that they went shopping with people and encouraged them to make healthy choices.
- Staff recorded people's weight monthly, to ensure they maintained a healthy weight
- A person told us - "I really enjoy meal times, we sit together and it's like a restaurant."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as colleges, social workers, GPs, psychiatrists and occupational therapists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals..
- When concerns were noted regarding people's health and wellbeing, information was shared with other relevant healthcare professionals.
- A person told us "I have seen a few professionals in the community with them. They really do help you to keep safe and healthy. They helped me because I needed a dentist while I was there and arranged it and came with me, so I felt safe and looked after."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible interests and legally authorised under the MCA.

- When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.
 - Staff continued to have a good understanding of this legislation and when they should be applied. People were encouraged where possible to make all decisions for themselves
 - Care plans were developed with people and we saw, where people lacked capacity, that relatives had agreed with the content and had signed to receive care and treatment and gave their consent.
 - A staff member told us "we always promote choice and involve people in decision making as much as possible."
 - A person told us "I have choices of when I go, what I do, what I eat. I tell them what I think. If I am not feeling like doing something I don't have to."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that staff were kind and caring. Comments included "The staff are nice, they look after you and make you laugh" and "They make me feel alive and cared for so well."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "most people we support find it difficult to express their feelings so it is about understanding their needs, and treating them with kindness and respect, and ensuring they are listened to and understood."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- Relatives told us their individual needs and wishes in respect of their values, culture and religion were respected.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly asked for their views on their care and their plans. Staff told us that they had enough time to engage with people to make sure that each person had everything they needed.
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them.
- Most staff had worked for the service for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them.
- A relative told us "I feel like they teach him to be independent and respect he is a young man. They provide such a valuable service and we are so lucky to be able to use it regularly."
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors, and closing the curtains.
- A staff member told us. "We help people as much as we can according to their abilities."
- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data

Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were happy with the care and support provided.
- People's care plans contained detailed, clear information about people's specific needs, their personal preferences, routines and how staff should best support them. The care plans covered personal, physical, social and emotional support needs.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- There was a 'Snapshot' document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care.
- The registered manager told us that all the people using the service are allocated keyworkers who work closely with them. Each person then developed 'functional goals' 'with the aim of helping the person develop independence.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.
- A relative told us "From day one this has been very organised and inclusive. My son and I both added things to his plan and risk assessments and feel listened to. The support when he is there is good too and I feel involved even when not with him"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.
- People were given information in a way which they understood. Staff used Makaton sign language, photographs, symbols and objects of reference to support communication
- There was also a record of how people indicated they were in pain or anxious. Behaviours which might indicate anxiety were clearly documented, a very important feature where people were unable to verbally communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Most people engaged and participated in their own interests and hobbies with the support of their relatives or support workers. People were supported to carry out activities in the community with either one or two support workers according to their needs.
- A person told us - "I go to cafes and parks with them which I really like. We have trips out to the fair and beach sometimes and movies. I like them all and they don't make you do anything you don't want to."
- Support staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- We looked at the complaints records held at the office and noted that all complaints had been responded to in timely manner, and in accordance with the provider's complaints policy.
- People told us that they rarely had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- A person told us "I complained about my bed squeaking and they mended it about ten minutes later. They do listen to me"

End of life care and support

- As the service was primarily for respite and younger people under the age of 25, this area had not been explored.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives told us the at the managers at the service were visible and known to them and approachable. A relative told us "the organisation and management are brilliant, I don't know what I would do without them, their transport services and their excellent care and support."
- Staff were fully aware of their responsibility to provide a quality, person-centred service
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "The manager is passionate. caring and support here is really good."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were happy, and proud to be working at the service and motivation was high. One member of staff told us, "I really enjoy working here, we have a good team work and morale is high "And another told us "things are done properly here, that why I like it."
- There was a robust quality monitoring system in place which included quarterly manager's audits that included areas such as health and wellbeing, safeguarding and the service user involvement. There were systems in place to monitor the safety and quality of the service and the maintenance of the building and equipment
- Spot checks were taking place on a regular basis. The spot checks include areas such as medicines, care files, menu planning and cleanliness.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to relatives in April 2019. The results were very positive.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular

'provider forums' in the local authority. and regularly attended 'skills for care' forums.

- Staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff used this opportunity to share best practice and positive outcomes of recovery.

Working in partnership with others

- The service worked with families, social workers, colleges, GPs and day centres to ensure relevant information was passed on and there was continuity of care.